T OF EXPENDITURES

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICALD MANAGEMENT INFORMATION SYSTEM

71,286

378

n

11

148.928

2,583,227

271.952

152,782

40.471

35,671

31,136

29,932

10,650

98,805

171,004

147.536

368,047

312,268

20.216

5,469

11,538

290,240

133,341

157.685

56,011

8,446

17.298

54.385

22,638

177.728

3,370

661

2

1,363,488

53,257

n

6,039,550

3,096,346

413,025

11,022

2.550.968

3,733,087

256,826

252,707

907,979

639,889

30.091

18,949

99.564

170,741

53,255

1,363,271

17,452,507

2,328,293

177.369

24,800

208,405

293,496

140,265

198.584

67.941

228,180

452,562

65,295

635,883

72.885

39,117

6,569,373

147.536

2,979,706

3,478,581

3.096.345

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PAGE

RUN DATE 05/26/07

TOTAL.

PAYMENT \$298,990,956.35

\$151.572.376.64

\$19,039,074.23

\$391.557.615.33

\$230,399,699.34

\$2,733,041.18

\$36,557.20

\$3.368.77

\$1,282.57

\$84,339,777.17

\$209,065,080.45

\$31,414,801.70

\$4,400,596.58

\$9,537,846.00

\$34,411,772.21

\$3,523,731.16

\$14,825,948.87

\$213,315,878.08

\$7,148,209.94

\$89,942,116.08

\$13.268.789.66

\$8,161,323,26

\$2,726,420.08

\$6,596,254,91

\$38,236,010.53

\$14,676,751.73

\$5,129,242.88

\$1,102,991.20

\$13,474,739,58

\$40,885,655.78

\$7,628,008.27

\$5.045.179.25

\$2,149,736.63

\$2,800,177.58

\$11,834,957.85

\$2,145,948,14

\$4,828,937.27

\$1,963,437,14

\$401,090.22

\$239,322,032.82

\$5,014.25

\$400,614.24

\$0.00

\$0.00

\$3.51-

\$10,166.16-

\$505.67-

\$318.09-

\$709.32

\$n.nn

1

(FISCAL YTD TOTALS AS OF 05/31/07) CATEGORY OF SERVICE RECIPIENTS NUMBER OF IINITS OF SERVED CLAIMS SERVICE

OUTPATIENT 295,580 854,487 15.882.094 CHILD PART HOSP 3 n Π CHILD DAY TREATMENT ADULT PART HOSP 1 0 ADULT DAY TREATMENT 46 3,952 8,380 102,370 19,455 150.256 4.303.522

24,079 710,408

81,888

317,632

81,969

96,271

4.373

3,786

19,450

3.428

1,521

0

n

3

276,981

31,962

352,990

92.516

7,431

185,948

8,207

59,041

59,160

3.527

1,612

83,521

28.891

20,618

750

899

9.921

2,737

10,232

337

52

135,314

784

q

11

2.317 47 30.763 82

SKILLED NURSING FACILITY INTERMEDIATE CARE FACILITY INTER CARE MENTAL RETARDA NURSING FAC FOR MENTAL ILL

HOME HEALTH LEAD INSPECTION AGENCY

PHYSICIAN

IAMM2200-R003 (MR-0-12)

AS OF 05/31/07

INPATTENT

CLINIC SERVICES MEP CASE MANAGEMENT LAB AND RADIOLOGICAL

HABILITATION SERVICES REMEDIAL SERVICES REHAB SUPPORT SERVICES AMBULANCE SERVICES LOCAL EDUCATION AGENCY

PRESCRIBED DRUGS DRUG CAPITATION INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES IOWA PLAN PROGRAM MANAGED SUBSTANCE ABUSE MENTAL HEALTH ACCESS PLAN

EARLY ACCESS SERVICES

EPSDT SCREENING

PATTENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

MEDICAL SUPPLIES

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

PODIATRIC

CHIROPRACTIC

IAN	IM22	:00-R003	(MR-O-12)
AS	OF	05/31/07	

ILL & HANDICAPPED WAIVER SVCS

* ALL CATEGORIES *

COUNTY OFFICE REIMBURSEMENT

MEP SERVICES

UNASSIGNED

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 2 RUN DATE 05/26/07

1,075,926

0 115,732 0

TOTAL PAYMENT \$45,707,124.79

\$16,682,250.88

\$29,033,876.07

\$2,311,858,369,50

\$1,402,385.21

\$26.46-

TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 05/31/07)

33,984

1

463,984 17,390,841 75,251,278 *** END OF REPORT ***

0

111,089

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE
ELDERLY WAIVER SERVICES	11,044	222.721	3,902,542

CATEGORY OF SERVICE	RECIPIENTS	NUMBER OF	UNITS OF
	SERVED	CLAIMS	SERVICE
ELDERLY WAIVER SERVICES	11,044	222,721	3,902,542

2,700

12,073

2,480

1